	n TX 77208	(Houston Divi:	CT OF TEXAS P.O.Box sion)				
Name of Debtors			Case Number				
Specialty Re	s, Inc., a Delaware catallers, Inc., a Texas stailers, Inc., a Texas stailers, Inc. (NV), a f	vevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-35157 Creditor ID#: 788-35157 4/6 - 04/4/4/7/			
against	ic the hame of the Deb	or you are filing a claim		United States Bankruptcy Court Southern District of Texas			
Name of Creditor (T money or property): Korn Am	-	to whom the debtor owes	Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	SEP 1 8 2000			
	where notices should in the state of the sta		Check box if you have never received any notices from the bankruptcy court in this case Check box if the address on the differs from the address on the	Michael N. Milby, Clerk			
lalalalan, kadlalla		Halalanii	envelope sent to you by the court.				
Account or other no	umber by which credito 3 <i>O</i>	r identifies debtor:	Check here replaces if this claim amends a prev	iously filed claim, dated:			
Taxes Cother/)/1	formed d ry/wrongful death	100-8/31/00	Retires benefits as defined in 11 U Wages, salaries, and compensation Your SS#: Unpaid compensation for services from (date) 3. If court judgment, date of	n (Fill out below) performed (date)			
4. Total Amount o	f Claim at Time Case Four claim is secured or erect ox if claim includes interest	ited: \$ / 2 2 6 . \$ 6. ititled to priority, also complet	n to the principal amount of the claim.	Attach itemized statement of all interest or			
right of setof Brief Descrip Real Estate Other All p Value of Colla	ox if your claim is secure f). tion of Collateral:	d by colleteral (including a operty of Debtor's Estate	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filin the bankruptcy petition or cessetion of the debtor's business, whichever is earlier - U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services to personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.O.(a)(7). Taxes or penalties ewed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a). **Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respecteses commenced on or after the date of adjustment.				
the purpose of mail 8. Supporting Denotes, purchase or court judgments, mail to the doctor of the d	cuments: Attach conders, involces, itemized state ortgages, security agreements. If the condense are voluminous, attached to copy: To receive an elements addressed envelope and copy:	cknowledgment of the filing of yound copy of this proof of claim.	n as promissory racts, flien.	This Space is fer Court Use Only			

Name of Debtors Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation Tolace an "x" beside the name of the Debtor you are filing a claim against Name of Creditor (The person or other entity to whom the debtor owes money or property): Korn Am Name and address where notices should be sent: Korn Am Name and address where notices should be sent: Check box if you are aware that anyone size a find gray or daim. Attach copy of statement giving particular. Korn Am 319 IN Main St. Korn Am 310 IN	CLAIM				
Stage Stores, inc., a Delaware corporation Specialty Retailers, Inc. a Pass corporation Specialty Retailers, Inc. (NV), a Nevada corporation Thace an "x" beside the name of the Debtor you are filing a claim against Name of Creditor (The person or other entity to whom the debtor owes money or property): Korn Am Name and address where notices should be sent: Check box if you are aware that anyone claim. Attach copy of statement giving particulars. Name and address where notices should be sent: Check box if you have aware that anyone claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if you have never received any notices from the bankruptcy court in this case. Check box if you have not received any notices from the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check hox if the address on the envelope sent to you by the court. Check his box if you relaim is secured or entitled to priority, also complete liten 5 or 5 below. Check this box if you relaim is secured by collateral (including a right of sectif). Brief Description of Collateral: Road Estate Motor Vehicle Other All personal and intrangible property of Debtor's Estate Value of Collateral: Value of Collat					
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Wages, salaries, and compensation (Fill out below) Services performed Money totaled Personal injurywrongful death Taxes ✓ Other // ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓					
2. Date debt was incurred: 4/1/00 - 8/31/00 3. If court judgment, date obtained: 4. Total Amount of Claim at Time Case Filed: \$ \frac{1000}{2000} \frac{10000}{2000} \frac{1000}{2000} \frac{1000}{2000} \frac{1000}{2000} \frac{1000}{2000} \frac{1000}{2000} \frac{1000}{2000} \frac{100000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000}{2000} \frac{10000000}{2000} 1000000000000000000000000000000000000	Wages, salaries, and compensation (Fill out below) Your SS#: Unpaid compensation for services performed from to to				
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Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate Value of Collateral: Value of Collateral: Value of Collateral: Value of Collateral: Amount entitled to priority \$ Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300), * earned within 90 of the bankruptcy petition or classation of the debtor's business, whichse U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,960° of deposits toward purchase, lease, or rental of prope personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse 507(a)(7).	t of all interest or				
5 07(a)(7).	lays before filing of ever is earlier - 11 ity or services for				
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	(8).				
7. Credits: The amount of ail payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summery. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	ourt Use Only				
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attack Copy of power of attorney, if any): 1					

BLS MORTH MATM PLOI BOX 921 PLICHELL, SOUTH DAKOIA SZSOL

-605-996-1490

** STAGE/REYNOLDS MEDIA

* STATEMENT *

RETMOLDS MEDIA SERVICES, INC. 715-977-3778 Accounts Payable

Client

2425 FOUNTAINVIEW. #355 HOUSTON, TEXAS 77057

Date 08/31/00

Mumber 1 - 930

Bill Cycle: Std Broadcast Sales Staff # a: Happy HubyEb

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			! Balance Forward						1	685.05
† †	! !	! :	; Late Charge	i I	; t] <u>:</u>	į	‡ ‡	8.56 ¦	693.61
								Balancı	 ខ ប្ំមគ្ន:	\$693.61

Payment due: 09/15/00

Past due accounts are charged 1.25% per month which is an annual percentage rate of 15%.

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KORN-AM 319 NORTH MAIN P.D. BOX 921 MITCHELL.SOUTH DAKOTA 57301

605-996-1490

* INABIGE *

* 51354 *

REYNOLDS MEDIA SERVICES, INC. Accounts Payable

2425 FOUNTAINVIEW, #355 HOUSTON, TEXAS 77057

Product: STAGE

Order #:

STAGE/REYNOLDS MEDIA

Salesman # 2 Schedule # 1354 Data: 05/31/00 Cust # 1 - 930

Station Quan Len Description Rate Gross Tax Agey Disc Net 5 1354A 60 Commercials 25.88 129.40 0.00 19.41 109.99 10 13548 60 Commercials 25.88 258.80 0.00 38.82 219.98 Invoice fotal: 388.20 0.00 58.23 329.97

Date Due: 06/15/00

KORN-AM 319 NORTH MAIN P.O. BOX 921 MITCHELL, SOUTH DAKOTA 57301

605-996-1490

* IMVOICE *

* 41352 *

REYNOLDS MEDIA SERVICES, INC.

Accounts Payable

2425 FOUNTAINVIEW, #355 HOUSTON, TEXAS 77057

Product: STAGE

Order #:

STAGE/REYNOLDS MEDIA

Salesman # 2 Schedule # 1352

Date: 04/30/00 Cust # 1 - 930

Station	Quan	Len	Description	Gross		Agey Disc	Net
j i			Commercials Commercials	 129.40 258.80	0.00		109.99 219.98
			Invoice (otal:	388,20	0.00	58.23	329.97

05/15/00 Date Due: